

STUDENT COMMENT SHEET

THIS FORM MAY BE USED TO SUGGEST IMPROVEMENTS, REPORT COURSE ERRORS, OR TO REQUEST HELP IF YOU HAVE DIFFICULTY COMPLETING THE COURSE.

NOTE: IF YOU HAVE NO COMMENTS, YOU DO NOT HAVE TO SUBMIT THIS FORM.

Date _____

FROM:

RATE/RANK/GRADE, NAME (FIRST, M.I., LAST)

STREET ADDRESS, AFT #

CITY, STATE, ZIP CODE

DSN: _____

Commercial: _____

FAX: _____

INTERNET: _____

To: COMMANDING OFFICER
NETPDTC CODE N315
6490 SAUFLEY FIELD RD
PENSACOLA FL 32509-5237

Subj: AVIATION MAINTENANCE RATINGS, NAVEDTRA 12017

1. The following comments are hereby submitted:

PRIVACY ACT STATEMENT

UNDER AUTHORITY OF TITLE 5, USC 301, INFORMATION REGARDING YOUR MILITARY STATUS IS REQUESTED TO ASSIST IN PROCESSING YOUR COMMENTS AND IN PREPARING A REPLY. THIS INFORMATION WILL NOT BE DIVULGED WITHOUT WRITTEN AUTHORIZATION TO ANYONE OTHER THAN THOSE WITHIN DOD FOR OFFICIAL USE IN DETERMINING PERFORMANCE.

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DEPARTMENT OF THE NAVY

**COMMANDING OFFICER
NETPDTC N315
6490 SAUFLEY FIELD RD
PENSACOLA FL 32509-4237**

OFFICIAL BUSINESS

**COMMANDING OFFICER
NETPDTC N315
6490 SAUFLEY FIELD RD
PENSACOLA FL 32509-5237**

PRINT OR TYPE

TITLE _____ NAVEDTRA _____

NAME _____ ADDRESS _____
Last First Middle Street/Ship/Unit/Division, etc.

City or FPO State Zip

RANK/RATE _____ SSN _____ DESIGNATOR _____ ASSIGNMENT NO. _____ DATE SUBMITTED _____

☐ USN ☐ USNR ☐ ACTIVE ☐ INACTIVE OTHER (Specify) _____

SCORE

1	2	3	4		1	2	3	4		1	2	3	4				
T	F				T	F				T	F						
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	63	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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